

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |   | Docket Number (Optional)<br>CL1927USPCT |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
|--|---|---|--------------------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|--------------------|--|--------|-------|----------|--|--------|--------|----------|-------------------------------------|------------------------------|---|---|
| <b>FY 2008 (VIA EFS-WEB)</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>   |   |   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| Application Number 10/500776   | Filed February 26, 2003                   | Confirmation No. 8496                   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| For PRODUCTION OF CATALYST COATED MEMBRANES  |   |   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| Art Unit 1795  | Examiner Tracy Dove                       |   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ <u>1,050.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1928</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center;"> <u>/Jane O. Hamby/</u><br/> Signature </td> <td style="width: 50%; text-align: center;"> <u>June 27, 2008</u><br/> Date </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <u>Jane O. Hamby</u><br/> Typed or printed name </td> <td style="width: 50%; text-align: center;"> <u>(302) 992-5923</u><br/> Telephone Number </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |   |   |                    | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ <u>1,050.00</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ | <u>/Jane O. Hamby/</u><br>Signature | <u>June 27, 2008</u><br>Date | <u>Jane O. Hamby</u><br>Typed or printed name | <u>(302) 992-5923</u><br>Telephone Number |
|  | <u>Fee</u>                                | <u>Small Entity Fee</u>                 |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                                     | \$60                                    | \$ _____           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                                     | \$230                                   | \$ _____           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050                                    | \$525                                   | \$ <u>1,050.00</u> |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640                                    | \$820                                   | \$ _____           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230                                    | \$1115                                  | \$ _____           |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <u>/Jane O. Hamby/</u><br>Signature  | <u>June 27, 2008</u><br>Date              |   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |
| <u>Jane O. Hamby</u><br>Typed or printed name  | <u>(302) 992-5923</u><br>Telephone Number |   |                    |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |                    |  |        |       |          |  |        |        |          |                                     |                              |   |   |